

DONATION APPLICATION

For **EDUCATION** requests: Return to **Jeff Benson**, (208) 526-3841, FAX (208) 526-1880 For **ALL OTHER** requests: Return to **Lori Priest**, (208) 526-9154, Fax (208) 526-2089

Organization	
Purpose	
Address	
CountyTelephone	Fax
Submitted by Title	
Signature of Principal or Superintendent (if applicable)	
Category of application:EducationCivic & CommunityHealth	Environmental Arts & Culture
Amount Requested \$ *Is this request for all or pa	art of the project/program?
How will the money be used?	
Has this effort been funded by an INL contractor in the past? Yes No 1	If yes, when? How much?
Is this an annual project/program? Yes No Date of Event	(if applicable)
How has the need for this project/program been determined?	
How will this project/program be funded in the future?	
Will increased income or savings result? If yes, describe	
Is this a local, state-wide, or nation-wide drive?	
Does the organization attempt to influence legislation? Explain	
Is your organization 501(c)(3) approved?	
Does the organization receive funding from any federal, state or local governme institution that does? If so, list amounts received during the past year, identify s such funding represents.	nt sources, or is it affiliated with any ource, and indicate percentage of total budget
Is the organization a member of or does it derive funds from any United Way, in or similar organization? If so, state name of organization, total amount of funding percentage of total budget of such funding represents.	ng received during the past year, and
Annual budget \$ % from private donations % is	from government grant

^{*}If the total cost is greater than the amount requested, submit budget and documentation showing how you plan to accomplish the event or project. Include amount and source of pledges received to date for the projectlprogram for which you are requesting funding, and/or other sources to which you have applied, together with amounts that have been requested from each.